

EXHIBIT “A”



Notice of Service of Process

null / ALL
Transmittal Number: 23351319
Date Processed: 06/16/2021

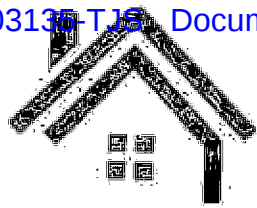
Primary Contact: Claims Manager
Peerless Insurance Company
100 Liberty Way
Dover, NH 03820-4597

Entity:	Ohio Security Insurance Company Entity ID Number 2315969
Entity Served:	Ohio Security Insurance Company
Title of Action:	Dollar Plus & Beauty, Inc. vs. Ohio Security Insurance Company
Matter Name/ID:	Dollar Plus & Beauty, Inc. vs. Ohio Security Insurance Company (11320458)
Document(s) Type:	Notice and Complaint
Nature of Action:	Contract
Court/Agency:	Philadelphia County Court of Common Pleas, PA
Case/Reference No:	003091 May 2021
Jurisdiction Served:	Massachusetts
Date Served on CSC:	06/14/2021
Answer or Appearance Due:	20 Days
Originally Served On:	Liberty Mutual on 06/14/2021
How Served:	Client Direct
Sender Information:	Vincent Doto 215-568-2900

Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com



**WHEELER
DIULIO &
BARNABEI**

THE PROPERTY DAMAGE ATTORNEYS

www.wdblegal.com

PHILADELPHIA OFFICE

☎ 215.568.2900

☎ 215.568.2901

☎ 1617 JFK Boulevard
Suite 1270
Philadelphia, PA 19103

NEW JERSEY OFFICE

☎ 856.874.1447

☎ 215.568.2901

☎ 1040 Kings Highway North
Suite 205
Cherry Hill, NJ 08034

E-mail: vdoto@wdblegal.com

June 7, 2021

Ohio Security Insurance Company
175 Berkeley Street
Boston, MA 02117

RE: Dollar Plus & Beauty, Inc. v. Liberty Mutual
DOL:
Loss Address: 55 Downey Drive, Horsham, PA 19044

Dear Sir or Madam:

Enclosed please find a true and correct copy of Plaintiff's Civil Action Complaint filed against you in Court. Please be advised that you have twenty (20) days in which to respond to this Complaint, pursuant to the Pennsylvania Rules of Civil Procedure, otherwise a default judgment may be filed against you.

Kindly forward this Complaint to your attorney immediately.

Sincerely,

/s/ *Vincent Doto*
VINCENT DOTO

VIA CERTIFIED AND REGULAR MAIL
NO.: 7018 1130 0001 4471 1836

Court of Common Pleas of Philadelphia County
Trial Division**Civil Cover Sheet**

For Prothonotary Use Only (Docket Number)	
MAY 2021 E-Filed Number: 2105054848 003091	
PLAINTIFF'S NAME DOLLAR PLUS & BEAUTY, INC.	DEFENDANT'S NAME OHIO SECURITY INSURANCE COMPANY
PLAINTIFF'S ADDRESS 55 DOWNEY DRIVE HORSHAM PA 19044	DEFENDANT'S ADDRESS 175 BERKELEY STREET BOSTON MA 02117
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
TOTAL NUMBER OF PLAINTIFFS 1	TOTAL NUMBER OF DEFENDANTS 1
COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions	
AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Savings Action <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other:
CASE TYPE AND CODE 10 - CONTRACTS OTHER	
STATUTORY BASIS FOR CAUSE OF ACTION	
RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER) <div style="text-align: center;"> FILED PRO PROTHY JUN 03 2021 S. RICE </div>	
IS CASE SUBJECT TO COORDINATION ORDER? YES NO	
TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: <u>DOLLAR PLUS & BEAUTY, INC.</u> Papers may be served at the address set forth below.	
NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY VINCENT DOTO	ADDRESS 1617 JFK BLVD SUITE 1270 PHILADELPHIA PA 19103
PHONE NUMBER (215) 568-2900	FAX NUMBER (215) 568-2901
SUPREME COURT IDENTIFICATION NO. 326037	E-MAIL ADDRESS VDOTO@WDBLEGAL.COM
SIGNATURE OF FILING ATTORNEY OR PARTY VINCENT DOTO	DATE SUBMITTED Thursday, June 03, 2021, 04:36 pm

MAJOR CASE
JURY TRIAL DEMAND **Filed and Attested by the**
ASSESSMENT OF DAMAGES **CRS-Request Judicial Records**
03 JUN 2021 04:36 pm
S. RICE
Attorney for Plaintiff

WHEELER, DIULIO & BARNABEI, P.C.

BY: Vincent Doto, Esquire
Attorney I.D. No.: 326037
One Penn Center - Suite 1270
1617 JFK Boulevard
Philadelphia, PA 19103
Phone: (215) 568-2900
Email: vdoto@wdblegal.com

DOLLAR PLUS & BEAUTY, INC.
55 Downey Drive
Horsham, PA 19044

vs.

OHIO SECURITY INSURANCE
COMPANY
175 Berkeley Street
Boston, MA 02117

COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

DOCKET NO.

CIVIL ACTION COMPLAINT (1C - Contract)

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the Claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

PHILADELPHIA BAR ASSOCIATION
Lawyer Referral Service
1101 Market St., 11th Floor
Philadelphia, PA 19107-2911
Telephone: 215-238-6333
Fax: 215-238-1159

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta ascantar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificacion. Ademias, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

LLEVE ESTA DEMANDA A UN ABOGADO INMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO. VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL.

ASOCIACION DE LICENCIADOS DE FILADELFA
Servicio De Referencia E Informacion Legal
1101 Market Street, 11th Floor
Filadelfia, Pennsylvania 19107
(215) 238-6333

MAJOR CASE
JURY TRIAL DEMANDED
ASSESSMENT OF DAMAGES REQUIRED.

WHEELER, DIULIO & BARNABEI, P.C.

BY: Vincent Doto, Esquire
Attorney I.D. No.: 326037
One Penn Center - Suite 1270
1617 JFK Boulevard
Philadelphia, PA 19103
Phone: (215) 568-2900
Email: vdoto@wdblegal.com

Attorney for Plaintiff

DOLLAR PLUS & BEAUTY, INC.
55 Downey Drive
Horsham, PA 19044

COURT OF COMMON PLEAS
PHILADELPHIA COUNTY

vs.

DOCKET NO.

OHIO SECURITY INSURANCE
COMPANY
175 Berkeley Street
Boston, MA 02117

CIVIL ACTION COMPLAINT (1C - Contract)

1. Plaintiff, Dollar Plus & Beauty, Inc. (hereinafter, referred to as "Plaintiff"), is a business entity which operates at the address set forth above.
2. Defendant, Liberty Mutual Insurance (hereinafter, referred to as "Defendant"), is a corporation duly organized and existing which is authorized to conduct business as an insurance company within the Commonwealth of Pennsylvania and maintains a place of business for that purpose at the address set forth above and regularly issues policies of insurance within the City and County of Philadelphia.
3. Defendant, in its regular course of business issued to Plaintiff a policy of insurance ("the Policy") covering Plaintiff's property located at 55 Downey Drive, Horsham, PA 19044 ("the Property"). A true and correct copy of the declarations page of said policy is attached hereto and incorporated herein as Exhibit "A."
4. On or about 6/2/2021, while the Policy was in full force and effect, Plaintiff suffered direct physical loss and damage to the insured Property believed to be the result of a

peril insured against under the Policy, resulting in damage to the insured premises and those areas.

5. Notice of this covered loss was given to Defendant in a prompt and timely manner and Plaintiff, at all relevant times, fully complied with all of the terms and conditions required by the Policy.

6. Defendant, despite demand for benefits under the Policy, has refused, without legal justification or cause, and continues to refuse, to pay to Plaintiff monies owed for the damages suffered as a result of the Loss.

7. Solely as a result of Defendant's failure and refusal to pay benefits to Plaintiff as required under the Policy, Plaintiff has suffered loss and damage in an amount in excess of \$50,000.00 but less than \$75,000.00.

COUNT I
In Assumpsit - Breach of Contract

8. Plaintiff incorporates by reference the facts and allegations contained in the foregoing paragraphs as though fully set forth hereinafter at length.

9. Defendant is obligated by the terms of the contract to indemnify Plaintiff's loss.

10. Despite submission of reasonable proof and demand for full and complete payment with respect to Plaintiff's Loss, Defendant has not paid to Plaintiff all of the policy benefits to which Plaintiff is entitled under the Policy and has refused to provide funds sufficient to bring Plaintiff's property to pre-loss condition.

11. Defendant's denial of coverage was made without a reasonable basis in fact.

12. Defendant's refusal to indemnify Plaintiff's loss constitutes a breach of the insurance contract.

WHEREFORE, Plaintiff demands judgment against Defendant in an amount in excess of \$50,000.00 together with interest and court costs.

COUNT II
In Trespass - 42 Pa.C.S.A. §8371

13. Plaintiff incorporates by reference the facts and allegations contained in the foregoing paragraphs as though fully set forth hereinafter at length.

14. Defendant has engaged in bad faith conduct toward Plaintiff with respect to its adjustment of Plaintiff's covered Loss, in violation of 42 Pa.C.S.A. §8371 et seq.

15. In furtherance of its bad faith and wrongful denial and refusal to pay benefits for Plaintiff's covered Loss, Defendant, acting by and through its duly authorized agents, servants, workmen or employees has engaged in the following conduct:

- a. by sending correspondence falsely representing that Plaintiff's loss caused by a peril insured against under the Policy was not entitled to benefits due and owing under the Policy;
- b. in failing to complete a prompt and thorough investigation of Plaintiff's claim before representing that such claim is not covered under the Policy;
- c. in failing to pay Plaintiff's covered loss in a prompt and timely manner;
- d. in failing to objectively and fairly evaluate Plaintiff's claim;
- e. in conducting an unfair and unreasonable investigation of Plaintiff's claim;
- f. in asserting Policy defenses without a reasonable basis in fact;
- g. in flatly misrepresenting pertinent facts or policy provisions relating to coverages at issue and placing unduly restrictive interpretations on the Policy and/or claim forms;
- h. in failing to keep Plaintiff or their representatives fairly and adequately advised as to the status of the claim;

- i. in unreasonably valuing the loss and failing to fairly negotiate the amount of the loss with Plaintiff or their representatives;
- j. in failing to promptly provide a reasonable factual explanation of the basis for the denial of Plaintiff's claim;
- k. in unreasonably withholding policy benefits;
- l. in acting unreasonably and unfairly in response to Plaintiff's claim;
- m. in unnecessarily and unreasonably compelling Plaintiff to institute this lawsuit to obtain policy benefits for a covered loss, that Defendant should have paid promptly and without the necessity of litigation.

16. For the reasons set forth above, Defendant has acted in bad faith in violation of 42 Pa.C.S.A. §8371, for which Defendant is liable for statutory damages including interest from the date the claim was made in an amount equal to the prime rate of interest plus three percent, court costs, attorneys' fees, punitive damages, and such other compensatory and/or consequential damages as are permitted by law.

WHEREFORE, Plaintiff demands judgment against Defendant in an amount in excess of \$50,000.00 together with interest, court costs, counsel fees and damages for delay.

WHEELER DIULIO & BARNABEI, P.C.

BY: /s/ Vincent Doto
VINCENT DOTO, ESQUIRE
Attorney for Plaintiff(s)

Date: 5/28/2021

VERIFICATION

I, Vincent Doto, counsel for Plaintiff, verify that the statements contained in the foregoing document are true and correct to the best of my knowledge, information and belief, and are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

WHEELER DIULIO & BARNABEI, P.C.

BY: /s/ Vincent Doto
VINCENT DOTO, ESQUIRE
Attorney for Plaintiff(s)

EXHIBIT “A”



Coverage Is Provided In:

Ohio Security Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

Policy Number:

BZS (20) 58 23 02 24

Policy Period:

From 08/31/2019 To 08/31/2020

12:01 am Standard Time

at Insured Mailing Location

Commercial Protector Common Policy Declarations

Named Insured & Mailing Address

DOLLAR PLUS & BEAUTY, INC
55 Downey Dr
Horsham, PA 19044

Agent Mailing Address & Phone No.

(610) 354-0111
UNITED ASIAN AGENCY INC
PO BOX 230
WAYNE, PA 19087-0230

Named Insured Is: CORPORATION

Named Insured Business Is: RETAIL VARIETY STORE

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

These Declarations together with the Businessowners Coverage Form (and other applicable forms and endorsements, if any, issued to form a part of them) complete this policy.

COVERAGE PART

CHARGES

Commercial Protector

\$3,538.00

Total Charges for all of the above coverage parts:
Certified Acts of Terrorism Coverage: \$18.00

*\$3,538.00
(Included)*

Note: This is not a bill

IMPORTANT MESSAGES

Equipment Breakdown Enhancement Is Included - See Policy Forms and Endorsements summary

Issue Date 07/02/19

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

DS 70 21 01 08

Case ID: 210503091



Coverage Is Provided In:

Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:

BZS (20) 58 23 02 24

Policy Period:

From 08/31/2019 To 08/31/2020

12:01 am Standard Time

at Insured Mailing Location

Common Policy Declarations

Named Insured

Agent

DOLLAR PLUS & BEAUTY, INC
55 Downey Dr
Horsham, PA 19044

(610) 354-0111
UNITED ASIAN AGENCY INC
PO BOX 230
WAYNE, PA 19087-0230

SUMMARY OF LOCATION(S) AND PREMIUM(S)

0001 7159 Ogontz Ave, Philadelphia, PA 19138-2015

\$3,120.00

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

BP 00 03 07 13	Businessowners Coverage Form
BP 01 42 03 15	Pennsylvania Changes
BP 01 91 07 02	Pennsylvania Notice
BP 04 04 01 10	Hired Auto and Non-Owned Auto Liability
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 04 97 01 06	Waiver Of Transfer Of Rights Of Recovery Against Others To Us
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 06 07 05 11	Pennsylvania Changes - Defense Costs Endorsement
BP 15 04 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 79 19 09 16	Businessowners Property Extension Endorsement
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 79 96 09 16	Businessowners Liability Extension Endorsement
BP 81 15 03 11	Exclusion - Asbestos
BP 82 37 08 15	Equipment Breakdown Coverage Endorsement
BP 82 46 06 09	Employment - Related Practices Liability Coverage
BP 88 04 03 14	Exclusion - Professional Services (Real Estate Agents, Insurance Agents, Travel Agents, Financial Services, Computer Software, Insurance Operations)

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

Paul Condryn
President

To report a claim, call your Agent or 1-800-362-0000
DS 70 21 11 16

Case ID: 210503091



Coverage Is Provided In:
Ohio Security Insurance Company

175 Berkeley St., Boston, MA 02116

Policy Number:
BZS (20) 58 23 02 24
Policy Period:
From 08/31/2019 To 08/31/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Protector Common
Policy Declarations**

Named Insured

Agent

DOLLAR PLUS & BEAUTY, INC
55 Downey Dr
Horsham, PA 19044

(610) 354-0111
UNITED ASIAN AGENCY INC
PO BOX 230
WAYNE, PA 19087-0230

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 88 12 03 14	Data Compromise Coverage
BP 88 16 06 09	Business Income Changes - 24 Hour Time Period
BP 88 54 03 11	Supplemental Extended Reporting Periods - 60 Day Request
BP 88 77 07 13	Identity Theft Administrative Services and Expense Coverage
BP 88 78 07 13	Business Personal Property Limit - Automatic Increase
BP 88 90 03 14	CyberOne Coverage

To report a claim, call your Agent or 1-800-362-0000

DS 70 21 11 16

Case ID: 210503091



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
8ZS (20) 58 23 02 24
Policy Period:
From 08/31/2019 To 08/31/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Protector
Policy Declarations**

Named Insured

Agent

DOLLAR PLUS & BEAUTY, INC

(610) 354-0111
UNITED ASIAN AGENCY INC

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	2,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	4,000,000
	Other than Products-Completed Operations	4,000,000
	Broadened Coverage For Damage To Premises Rented To You	2,000,000
	Medical Expenses (Any One Person)	15,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$3,120.00
	Businessowners Other Coverage(s) Total	\$400.00
	Certified Acts of Terrorism Coverage	\$18.00

Total Charges: \$3,538.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000

DS 70 22 01 08

Case ID: 210503091



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
BZS (20) 58 23 02 24
Policy Period:
From 08/31/2019 To 08/31/2020
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector
Declarations Schedule

Named Insured

Agent

DOLLAR PLUS & BEAUTY, INC

(610) 354-0111
UNITED ASIAN AGENCY INC

SUMMARY OF COVERAGES BY LOCATION

0001 7159 Ogontz Ave, Philadelphia, PA 19138-2015

Property
Characteristics

Description:

Construction: Non-Combustible

Business
Personal
Property Coverage

Occupancy: Variety Stores

DESCRIPTION

Limit of Insurance	\$156,060
Covered Causes of Loss	
Special Form	
Deductible	\$500
Automatic Increase Business Personal Property	2%
Premium	\$3,120.00

SUMMARY OF OTHER COVERAGES

Employee
Dishonesty
Including
Forgery and
Alteration

DESCRIPTION

Limit of Insurance	\$25,000
Number of Employees	2
Deductible	\$500

Premium

Included

To report a claim, call your Agent or 1-800-362-0000

DS 70 23 01 08

Case ID: 210503091



Coverage Is Provided In:
Ohio Security Insurance Company

Policy Number:
BZS (20) 58 23 02 24
Policy Period:
From 08/31/2019 To 08/31/2020
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector
Declarations Schedule

Named Insured**Agent**

DOLLAR PLUS & BEAUTY, INC

(610) 354-0111
UNITED ASIAN AGENCY INC

SUMMARY OF OTHER COVERAGES - continued

**Hired and
Non-Owned
Auto
Liability**

DESCRIPTIONCoverage CharacteristicsSee Endorsement

Premium **\$153.00**

**Employment Related
Practices**

DESCRIPTIONAggregate Limit\$10,000Each Claim Limit\$10,000Number of Employees2Retroactive Date08/31/2017Deductible\$5,000Coinsurance0%

Premium **\$18.00**

**Property
Extension
Endorsement**

DESCRIPTIONSee Endorsement

Premium **\$10.00**

**Identity Recovery
Coverage for
Defined Individuals**

DESCRIPTIONSee Endorsement

Premium **\$12.00**

To report a claim, call your Agent or 1-800-362-0000

DS 70 23 01 08

Case ID: 210503091



Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number:

BZS (20) 58 23 02 24

Policy Period:

From 08/31/2019 To 08/31/2020

12:01 am Standard Time

at Insured Mailing Location

Commercial Protector
Declarations Schedule

Named Insured

Agent

DOLLAR PLUS & BEAUTY, INC

(610) 354-0111

UNITED ASIAN AGENCY INC

SUMMARY OF OTHER COVERAGES - continued

Data Compromise
Coverage

DESCRIPTION

See Endorsement

Premium

Included

CyberOne Coverage

DESCRIPTION

See Endorsement

Premium

Included

Total Premium**\$207.00**

Businessowners Location(s) Total

\$3,120.00

Businessowners Other Coverage(s) Total

\$400.00

Businessowners Schedule Total

\$3,520.00

To report a claim, call your Agent or 1-800-362-0000

DS 70 23 01 08

Case ID: 210503091

07/02/19

58230224

POLSVCS

530

PCXFPPNO

INSURED COPY

003759

PAGE 34 OF 170

Saevang, Lai

From: HOLegalMail <HOLegalMail@LibertyMutual.com>
Sent: Monday, June 14, 2021 11:09 AM
To: LibertySOP
Subject: FW: Message from km554-49-0001
Attachments: Skm554-49-021061414040.pdf

Please upload to Litigation BB.

Thank you,
Alyssa